



Please mail completed form to:
3552 Pinegrove Road,
Utopia, ON
L0M 1T2

Direct Debit For Haiti Child Sponsorship

Name
Address
Phone Number

Bank Information

Bank Name and Account Number
Amount of Monthly Gift \$35.00
Would you like your gift to be debited from your account on the 1 st of each month or the 15 th of each month?

Please Attach Your Voided Check Here

Authorization

I hereby authorize Emmanuel's Wish Foundation and the financial institution above to automatically withdraw my monthly gift from the specified account above. This authority will remain in effect until I give written notice to cancel it.

Authorized Signature

Date